

Name: _____

Date: _____

FINAL EXPENSE INSURANCE

M T E K S A C Z U N H Q T S K O V Z H Q J B K P
L S Z J X F I R N T A L Z V R O W E W X X C F D
J R S X L U B H E C H D H J C H R Y M U P A J Q
W V L T O I J K W D C U G R O T C P R E M I U M
B L O E B I F Q E R N F N L B Y G W D O U G Q E
G O J Y P K D E E D U E E E C H E E Z Q M B V Y
L A Y N S J V M A T E G R I U F J F T T Y L B J
L R P A S C A J O H L F L R Y L P K K H Z G D C
N E E H Y T A W P N O O X G U H A S E M N Z K A
I R C L I Q L S D D P V P F E S I V R J K P L P
O F L O N V W P K I I T F E I R R W L N N E A Y
Y R N S M C H O U I V S N Z R E T X H J T B R O
Q V O V S E B P X S X Z C G M M X Y Y W E R E B
G I I L Y U G W O W W W K L J O A M W V R W N L
E K X S C L T R U M O Y L S O S H N E Q M X U L
V M I V W A Y M Z W S L Z X D S V Q E G C I F A
V X N J P V X I F W R R B L E T U P V N I G K Z
B R S Q G H K B R R I D E R W I Y R O N T M Q B
W W U K B S F V U U I C D R T F N J E P E W P K
E C R Q K A V K F M N F E U K E L R R H K U U F
H W E O F C M F F A D W T Z K N M O Y C X W D O
A X D E D J Z R H I E L A P F E I N S U R E R L
L K N R S F M U T R X J R S A B F D Q K O W P I
G Q J I P P T N U O M A E C A F O V R I E O O S

FACE AMOUNT
SURRENDER
INSURED
POLICY
RIDER
LIFE

DISCLOSURE
PERMANENT
PREMIUM
VALUE
RATE
MIB

CASH VALUE
FUNERAL
BENEFIT
INDEX
RISK

CREMATION
INSURER
CASKET
WHOLE
TERM